

5 - Teunis Romein

1. PLACE OF DEATH. County of <u>Kankakee</u> <u>Shelburne Sup.</u> (Village—Township) Primary (City—Road Dist. Dist. No. <u>6897</u>) <small>(Cancel the three terms not applicable—Do not enter "R.R.," "R.F.D.," or other P. O. address).</small>		Registration Dist. No. <u>465</u> <div style="text-align: right; font-size: 1.2em; font-weight: bold;">23780</div>		STATE OF ILLINOIS HENRY HORNER, Governor Department of Public Health—Division of Vital Statistics CERTIFICATE OF DEATH Registered No. <u>15</u> (Consecutive No.)	
Street and Number, No. _____ St. _____ Ward, _____ <small>(If death occurred in a hospital or institution, give its NAME instead of street and number.)</small>		LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? _____ yrs. _____ mos. _____ ds.			
2. PLACE OF RESIDENCE: STATE <u>Illinois</u> County <u>Kankakee</u> Township <u>Shelburne</u> Road Dist. _____ <small>(Usual place of abode)</small> City or Village _____ Street and Number _____				19. LIST NO. _____	
3 (a) FULL NAME <u>Teunis Romein</u>				MEDICAL CERTIFICATE OF DEATH	
3 (b) If veteran, name war <u>None</u>		3 (c) Social Security No. <u>None</u>		20. Date of death: Month <u>August</u> day <u>17</u> year <u>1941</u> hour <u>8:00</u> PM minute _____	
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6 (a) Single, widowed, married, divorced <u>Widowed</u>	
6 (b) Name of husband or wife <u>Sadie H. Roman</u>		6 (c) Age of husband or wife if alive _____ years		21. I hereby certify that I attended the deceased from <u>Sept 1941</u> to <u>Aug 17 1941</u> ; that I last saw him alive on <u>Aug 18 1941</u> ; and that death occurred on the date and hour stated above.	
7. Birth date of deceased <u>Nov. 13 1862</u> <small>(Month) (Day) (Year)</small>		8. AGE: Years <u>79</u> Months <u>9</u> Days <u>4</u> If less than one day _____ hr. _____ min.		Immediate cause of death <u>Coronary Defect</u>	
9. Birthplace <u>Unknown</u> <u>Holland</u> <small>(City, town, or county) (State or foreign country)</small>		10. Usual occupation <u>Farmer</u>		Due to <u>Hypertension</u> <u>Cholesterol Nephritis</u>	
11. Industry or business <u>Vegetable</u>		12. Name <u>Peter Romein</u>		22. { Was an operation performed? } <u>No</u> Date of _____	
13. Birthplace <u>Unknown</u> <u>Unknown</u> <small>(City, town, or county) (State or foreign country)</small>		14. Maiden name <u>Unknown</u>		22. { For what disease or injury? } _____	
15. Birthplace <u>Unknown</u> <u>Holland</u> <small>(City, town, or county) (State or foreign country)</small>		16. INFORMANT <u>Peter Romein</u> <small>(personal signature with pen and ink)</small>		Was there an autopsy? <u>No</u>	
P. O. Address <u>Shelburne Sup.</u>		17. PLACE OF BURIAL, Cremation or Removal		Findings? _____	
(a) Cemetery <u>Oakwood</u> <u>8119</u> 19 <u>41</u>		(b) DATE		23. If a communicable disease; where contracted? _____	
Location <u>Shelburne Sup.</u> <small>(Township, Road Dist., Village or City)</small>		County <u>Kankakee</u> State <u>Ill</u>		Was disease in any way related to occupation of deceased? <u>No</u>	
18. Funeral director <u>D. R. Hawk</u> <small>(personal signature with pen and ink)</small>		ADDRESS <u>Shelburne Sup.</u>		If so, specify how: _____	
<small>(firm name, if any)</small>		24. (Signed) <u>P. L. Benjamin</u> M. D. Address <u>Shelburne Sup.</u> Date <u>8-18-41</u> 19____ Telephone <u>23</u>		25. Filed <u>August 18 1941</u> <u>C. L. Martin</u> Registrar. P. O. Address <u>Shelburne Sup.</u> Ill.	